

REQUEST FOR SOCIAL SERVICES CHILD CARE

I. TO BE COMPLETED BY PROFESSIONAL REQUESTING SOCIAL SERVICE CHILD CARE

I certify the need for Social Service Child Care.

Name (print): _____ Date: _____

Signature: _____ Title: _____

Check DCF Social Worker Physician Psychologist
One: Other Social Worker Family Preservation Specialist
 KDOC-Juvenile Services Other – Specify: _____

II. FAMILY INFORMATION

Parent/Guardian/Caretaker Name: _____

Address: _____

Telephone: _____

Child's Full Name: _____

Date of Birth: _____ Social Security Number: _____

Child Care Provider: _____ Telephone: _____

Address: _____

Child's Full Name: _____

Date of Birth: _____ Social Security Number: _____

Child Care Provider: _____ Telephone: _____

Address: _____

Child's Full Name: _____

Date of Birth: _____ Social Security Number: _____

Child Care Provider: _____ Telephone: _____

Address: _____

III. DCF USE ONLY

Reason for Request

Approved Not Approved

Case Number: _____

Parent (inpatient) hospitalization.

Parent (outpatient) treatment

Family in the process of DCF Intake Assessment.

Family receiving services through preservation contractor services or PPS Social Worker.

Documentation of parent/caretaker's need for child care is on file in case.

EES Program Administrator/Designee: _____

Signature: _____ Date: _____